In the chapters upon Secular History and Art and Insanity, the author enters the arena to controvert the opinions of Nordau, that the present age is one of "distributed and vast hysteria." He points out that Nordau is wrong in his facts if he supposes that the popular delusions of the middle ages were less distributed or of a minor importance than some of the hysterical epidemics of to-day. He does not deny that the age is not what it should be in this matter, but he states emphatically that it is better than it was, and is still convalescing. The chapter is full of good thrusts which the erratic and extravagant opinions of Nordau deserve.

The chapter upon Art and Insanity is a masterly one. In it the question is put, How far can we from a work of art or literature diagnose a mental disease in its author? The verdict rendered is that in the world of the decorative arts, or of music, no definite conclusions can be drawn, save, of course, in some extreme cases; but with writers it is otherwise, as a deeper view into an author's psychical state may be obtained and a diagnosis made; but the reasoning should be clear and cautious before one draws inferences as to mental unsoundness.

In the last chapter on Wagner and Psychopathology the uncontrollable ecstacy of the German hero worshipper is seen. Wagner being a musician and German, Nordau, therefore, committed sacrilege in classing him among the degenerates. Our author has little difficulty in refuting the more short-sighted of Nordau's criticisms, and he sums up the chapter well.

On the whole the book is excellent. While personally the writer found Nordau's work more interesting, suggestive and amusing, the answer, or refutation, for such it really is, is more scientific, soberminded and optimistic. JELLIFFE.

DE L'APHASIE SENSORIELLE. [Sensory Aphasia.] By Charles Mirallié. Paris: G. Steinheil. 1896.

Aphasia, as presented by the school of Dejerine, has some peculiar features, and Mirallié, a former interne of Dejerine, has given us in this work the views of his teacher and his own observations. The book must be regarded as one of the most valuable recent contributions to this subject. The statements are clearly expressed, and no doubt exists as to the meaning of the writer. The material has been obtained from the Bicêtre, where Broca pursued his studies on aphasia, and from the Salpêtrière.

Wernicke believed that the speech centres are subordinate to one another, and there is but one form of sensory aphasia, though the word-blindness may be greater in one case and the word-deafness in another, according to the location of the lesion. Charcot, on the other hand, taught that these centres are independent, and that a lesion of any one of the four may cause a " pure " form of aphasia. Mirallié follows the teaching of Wernicke and Dejerine.

The ability to read one's name, or to understand it when heard, is not a fair test of word-seeing or word-hearing. The name makes a deeper impression than any other word. The centres for music are probably very near those for speech, but amusia may exist without aphasia. In alexia words may be recognized as designs. One of Dejerine's patients did not know the meaning of the letters R. F. until a line was drawn about them, when they became symbolical of the République Française. Another understood the secret system employed for marking goods in his store. The memory of the letters may be preserved after that of words is lost. Optic aphasia and mental blindness, according to Mirallié, have only been observed in sensory aphasia. "Jargon aphasia" is the form of speech disturbance usually seen in sensory aphasia. The patient utters twenty words where one would do, and many of these he coins. True paraphasia is very rare. In this form every word is well known, but the combination conveys no meaning. As, usually, there is no paralysis of the limbs in sensory aphasia, the writing is easily tested, and agraphia or paragraphia is detected. The patient copies line for line, each letter is a design which he reproduces exactly. In motor aphasia the patient copies printing as script. Hemianopsia only occurs when the lesion has penetrated deeply enough to cut the optic radiation. The intelligence suffers more in sensory than in motor aphasia, as does also the pantomime, and the prognosis of recovery is not so good. In children aphasia, even sensory, usually disappears.

In the form of aphasia known as "pure" (subcortical) the zone of language, embracing the area of Broca, the left angular gyrus, and the posterior part of the left first temporal convolution, is intact, and is only deprived of one of its connections with the motor, visual or auditory cortex. Only one part of speech is affected. In "pure" word-blindness the patient may be able to read if he traces the letters with his fingers, as in this way he is able to arouse the visual images. The lesion in "pure" word-blindness is found in the calcarine fissure, lingual, and fusiform lobules, and is always associated with hemianopsia. In "pure" motor aphasia the patient has lost the power of articulation; he can understand what is said or written; he can indicate the number of syllables in a word, and can write correctly with his left hand. The transcortical motor aphasia is a form described by the Germans. The articulation of repeated words or of song is better than spontaneous utterance. It is only a stage of amelioration in cortical motor aphasia. Transcortical sensory aphasia is also theoretical.

Mirallié devotes special attention to the subject of the graphic centre. Wernicke, Kussmaul, Lichtheim, Gowers, Dejerine, Freud, Oppenheim, and others, have denied the existence of this centre. A person writes, says Mirallié, by reproducing on paper the visual images stored up in the angular gyrus, and a lesion of any part of the speech zone causes agraphia or paragraphia. Charcot believed that a word consists of four elements: the visual, the auditory, the articulatory and the graphic. A person may use one of these almost to the exclusion of the others in the processes of thought. If this theory were correct, a lesion in the speech zone would produce different symptoms, according to the predominating centre of the patient. Mirallié believes that an educated adult employs the different centres in speaking or writing in the same way as does a child, but the act has become unconscious through repetition. There has never been a case of "pure" agraphia. The case of Bar is the only one known in which the lesion was confined to the posterior part of the second left frontal convolution, and the patient had motor aphasia as well as agraphia. Any destruction of Broca's area causes agraphia. It has been demonstrated by the autopsy that a lesion of the angular gyrus produces agraphia. Mlle. Skwortzoff reports the case of a patient who would only write spontaneously the words he could read and speak spontaneously. If Charcot's theory be correct, it is necessary to believe that exactly the same images in the graphic, visual and articulatory centres had been destroyed. A person can write with almost any part of the body, the graphic centre, therefore, would have to occupy all the motor zone. If such a centre exists, there must be similar ones for piano-playing, type-writing, etc. This centre is supposed to contain graphic images, and is not merely motor; for agraphia, according to Charcot, is aphasia of the hand; is amnesia of graphic images. If there is a graphic centre, a lesion of this should affect all forms of writing, for the same movements are made in copying as in spontaneous writing. A motor aphasiac cannot write spontaneously, but can copy printing as script, This is an intellectual act, and the graphic images are used—if they exist. Why, then, are they lost for spontaneous writing? Left-handed persons use the left cerebral hemisphere in writing and become aphasic in left hemiplegia, but the power of writing with the right hand is lost. Must we believe that the hemiplegia and motor aphasia are the result of a lesion in the right, and the agraphia of a lesion in the left hemisphere? Agraphia, says Mirallié, is due to alteration of the word-percept. A motor aphasiac cannot spell better with lettered blocks than he can write; he has, therefore, no loss of graphic images.

Mirallié records sixty-two cases of sensory aphasia; most of these have been previously published, though some have been studied by himself. An important case is given at length. SPILLER.

REVUE DES SCIENCES MEDICALES. [Review of the Medical Sciences.] January, April, July and October, 1896. Paris: Masson et Cie.

The four annual numbers of the Revue contain an immense number of useful abstracts and an extensive bibliography in addition. While the proportion of neurological and psychological matters treated is not very large, what is given is well done, and American contributors to the subjects seem to have received their due share of credit.

MITCHELL.

DIE SYPHILITISCHEN ERKRANKUNGEN DES GEHIRNS. [The Syphilitic Diseases of the Brain.] By Prof. Dr. H. Oppenheim, Berlin. Nothnagel's specielle Pathologie und Therapie. Vienna, 1896.

It was not at first intended to include a monograph by Oppenheim on cerebral syphilis in Nothnagel's system, but no one will regret the change of plan. Such diseases as tabes and general paresis, which are supposed to be due in some unknown way to syphilis, are not discussed in this work. A few of Oppenheim's most important statements are as follows:

Contrary to an opinion once held, it has been shown by recent investigations that syphilis of the central nervous system may develop within the first year, or even first six months after infection, and occasionally in advance of the roseola. The knowledge of this fact is due to more exact observation, and yet Oppenheim believes that the nervous system is affected more rapidly now by the syphilitic virus than in former years. It seems that the milder forms of constitutional syphilis are more apt to involve the nervous system than the severe, and, indeed, cases occur in which the only specific lesions found are in this system. Usually the signs of hereditary syphilis develop early in life, though it is not uncommon for them to be first detected at the period of puberty, or even later.

As the gumma probably grows from the vessels or connective tissue of the meninges, it is usually found either in the meninges or the peripheral layer of the brain, though it may be located within the medullary substance or central ganglia. Even in these portions the origin of the growth is in the pial processes or vascular walls. Gummata more commonly are found at the base of the brain, and especially in the interpeduncular space, and on the optic chiasm, and when they occupy the convexity, they are more frequently located on the frontal and parietal lobes. Cerebral syphilis, as a rule, is a diffuse process. Some observations have shown that primary syphilitic neuritis of one or more cranial nerves, or of many of the spinal roots, may occur. The vessels, also, may be independently affected, and the circle of Willis is especially liable to syphilitic disease. In one of Oppenheim's cases a circumscribed lesion of the basilar artery was the only manifestation of cerebral syphilis. All authors do not believe that the fatty degeneration and calcification, which are found in endarteritis deformans, are absent in the syphilitic form. Syphilis is the cause of a large proportion of the aneurysms of the cerebral arteries.

Many writers have agreed that it is difficult, or even impossible,